

PREDATORY PRICING COMPLAINT FORM

(Department use only)

Date Complaint Form Requested:	Case Number:
Request Received by:	Telephone: FAX: (916) 319-7717

COMPLAINT

(To be completed by complainant)

Complainant Name	Street Address:
Name of Participant:	City: State: ZIP:
Certification Number:	Telephone: FAX:

Name of Supermarket Site:	Street Address:
Owner/Representative	City: State: ZIP:
Certification Number:	Telephone: Date of Occurrence:
Dollar amount paid:	Material type:

Please provide below a summary of the facts and allegations that form the basis of the complaint.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signed this day: _____, in _____

County of _____

SIGNATURE OF OWNER/OPERATOR

ANALYSIS

(Department use only)

Date CalRecycle received completed Complaint Form:
(ref. 14CCR § 2135 (c))

Is the Supermarket Site R/C eligible to receive handling fees? ☐ Yes ☐ No
Has the recycler received handling fees in the past 60 days? ☐ Yes ☐ No If so, list dates: _____
Audit to be conducted: ☐ Yes ☐ No Assigned to: _____